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24280 7590 03/04/2004

Choate, Hall & Stewart
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Susan M. Dinsmore	(Depositor's name)
<i>Susan M. Dinsmore</i>	(Signature)
June 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083,913	02/27/2002	Andrew Stoll	2002082-0002	6358

TITLE OF INVENTION: OMEGA-3 FATTY ACIDS IN THE TREATMENT OF DEPRESSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CARR, DEBORAH D	1621	554-079000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Andrew Stoll

Lincoln, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 10

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(Authorized Signature) *Vala Ros* (Date) Reg. 45,698 6/3/04

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06/08/2004 EFLORES1 00000132 10083913

01 FC:2501
02 FC:1504
03 FC:8001

665.00 OP
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